

**CLEAR CREEK INDEPENDENT SCHOOL DISTRICT
EMERGENCY INFORMATION FOR SCHOOL ACTIVITY**

EXHIBIT F

Student's Name: _____ Grade _____

Mailing Address: _____

(Please including full mailing address, i.e. street, city, and Zip code)

Father's Name _____ Home Phone _____

Business Phone _____ Other Phone _____

Mother's Name _____ Home Phone _____

Business Phone _____ Other Phone _____

In case of minor illness or injury, if parent cannot be reached, notify (Must be 21 years or older)

Name: _____ Relationship _____

Home Phone _____ Other Phone _____

Name: _____ Relationship _____

Home Phone _____ Other Phone _____

Pre-existing medical conditions or allergies: _____

Prescription medication currently taking or emergency medication: _____

In case of an emergency, please take my child to the nearest medical facility for emergency care.

Parent or Guardian Signature _____ Date _____

Photocopy of current medical insurance card preferred. Additional parent comment on back please.

****UIL Boys and Girls Physician's and Parent's Certificate may be used for Athletics and Drill Team**

Please note: If including an insurance card, send it directly via email to rnassif@ccisd.net or upload it via your student's Canvas account.

The Team's Parent/Student Handbook and Club By-laws are available on the team website, <http://www.clearlakedebate.org> as well as Canvas. All parents and students are required to read these documents and submit this form, which will be kept on file for the duration of the '24-'25 competitive season:

By signing below, I affirm that I have read the Handbook as well as the By-Laws that shall govern the Clear Lake High School Speech & Debate Team for the '24-'25 school year and agree I will be held accountable to their provisions.

Student Signature

Date

Student Name

By signing below, I affirm that I have read the Handbook as well as the By-laws that shall govern the Clear Lake High School Speech & Debate Team for the '24-'25 school year and agree my student will be held accountable to their provisions.

Parent/Guardian Signature

Date

Parent/Guardian Name

The signatures on this page (both student and parent) indicate that you have read and understand the class syllabus applicable to your student as well. Syllabi can be found both on the team website as well as on the district's learning portal, Canvas.

Text Communication Authorization

CCISD policy allows only a teacher, trainer, or other employee who acts as a coach or sponsor of a sport or extracurricular activity to use text messaging to communicate with students/athletes who participate in the activity. By signing this authorization, you are granting permission for the coach/sponsor to call or text important information to you and/or the student at the number provided on this form. Text messaging may be used only as necessary and only to communicate information directly related to the sport/extracurricular activity. Concerns about any inappropriate communication by any CCISD employee should be reported to the campus principal. [CCISD Board Policy CQ(LOCAL) and DH(LOCAL)]

I, _____, the parent or guardian of student _____ agree that an authorized coach/sponsor may contact my student by cell phone to communicate important team, group, and/or practice information on an “as needed” basis.

Appropriate phone number(s) for communication:

_____ (student's number)

_____ (parent's number)

Parent Signature

Date

Clear Lake High School Website Permission Form

Student 2024-2025

Clear Lake High School supports the efforts of all school-related groups and booster clubs. To ensure the safety of all students, parents and staff, this form is provided to monitor the use of social media in accordance with CCISD policies.

Please fill in the blanks below.

The Clear Lake Speech & Debate team sponsors an electronic site.

Circle type:

Facebook

Twitter

Website

Other: _____

The address(es) is/are: ccisd.net; clearlakedebate.org; twitter.com/clhsdebate; @lakedb8 (Remind)

The website(s) is/are used to communicate information about the program to:

1. Parents

2. Players/members

3. Alumni

4. Community (possibly but rare)

5. Other _____

Photographs and/or names of Clear Lake students who are members of the group or players on the team may be posted, subject to parent consent. Please indicate below whether you consent to the use of your child's name and photograph on this website:

I **give** permission to post my child's picture and name on the website.

I **do not give** permission to post my child's picture and name on the website.

Name of child: _____

Parent/Guardian Signature: _____ Date: _____



Media Release Form

I, the undersigned, understand that my (child's) participation in TFA sanctioned activities, programs, tournaments and events (collectively called "TFA Events") is on a voluntary basis. I irreversibly grant permission to the Texas Forensic Association, its related entities, and their respective employees, agents and representatives (collectively called "TFA"), the full right to create and obtain, in the past, present, and in the future, images, photographs, video, audio, interviews, stories, performances, and any other recordings, documents or materials, in any known or future media, of my name, image, voice, likeness, performance, and other items (collectively called "Recordings") at TFA Events. I also authorize TFA to copyright, adapt, edit, translate, summarize, reproduce, perform, display, distribute, publish, license, sell, broadcast, post or stream over the internet, and otherwise use and allow others to use any and all parts of the Recordings, in any and all forms of media that TFA deems suitable.

I hereby waive any rights to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known or unknown to me.

I agree that I shall have no right, title, or interest in or to the Recordings (or any work comprising or based on the Recordings, in whole or in part) and that all right, title, interest in and to the Recordings belongs to TFA. I waive any and all rights to payment or other compensation (monetary or otherwise) arising from or relating to the use of the Recordings. I further agree to release, defend, and hold harmless TFA from any claims, damages, or liabilities related to the Recordings or TFA's use thereof. I understand this Release is governed by the laws of the State of Texas, USA.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for the aforementioned purposes.

I represent that I am at least eighteen (18) years of age, or if not, that I have also secured the signature of my parent or legal guardian.

Student Name (PRINT)

Student Signature

Date (MM/DD/YYYY)

I represent that I am the parent or legal guardian of the student above-named student, that I have read and understood the release and have the legal authority to execute the release.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date (MM/DD/YYYY)

CLHS Speech & Debate **Fee Description**

Debate I (Novice Debate)

The required fee for students in Debate I is **\$100**. This fee covers a multitude of costs, including: student membership in both the National Speech & Debate Association as well as the Texas Forensic Association; classroom supplies; cost for printing used during competition; a nominal squad travel fee to cover buses and mileage; and a nominal tournament entry fee to help offset beginning competition costs. This fee also includes a team t-shirt.

Debate II, III, Ind. Study (Advanced Debate)

The required fee for students in Debate II, III, and Ind. Study is **\$200**. This fee covers a multitude of costs, including those discussed above in the Debate I section. Additionally, it covers the additional tournaments that advanced debaters are required to attend. This fee also includes a team t-shirt.

Please submit payment through the parent access in Skyward. If paying by cash, check, or money order (the last two made out to Clear Lake HS), please directly pay the bookkeeper, Sandra Hamilton, in the front office.

For all families: especially given the current economic circumstances, I understand that this fee may cause a hardship for some. If you cannot pay the entire amount, I would encourage you to pay what you can as you are able. If you feel you are unable to pay the amount at all, please contact me so we can discuss the situation. I would never allow lack of funds to stop a student from participating if they want to.

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Clear Falls Speech & Debate Tournament (name of activity/event)

CLHS Speech & Debate (sponsoring group, club, or class)

R. Nassif/T. Gonzalez (name of adult sponsor)

Clear Falls HS, CCISD (location)

9/13/24 (1pm-10pm) & 9/14/24 (7am-7pm) (departure and return dates/times)
(times are an estimate)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Elkins Speech & Debate Tournament (name of activity/event)

CLHS Speech & Debate (sponsoring group, club, or class)

R. Nassif/T. Gonzalez (name of adult sponsor)

Elkins HS, FBISD (location)

9/20/24 (1pm-10pm) & 9/21/24 (7am-7pm) (departure and return dates/times)
(times are an estimate)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Hou. Memorial/Spring Woods Tournament (name of activity/event)

CLHS Speech & Debate (sponsoring group, club, or class)

R. Nassif/T. Gonzalez (name of adult sponsor)

Spring Woods HS, SBISD (location)

9/27/24 (1pm-10pm) & 9/28/24 (7am-7pm) (departure and return dates/times)
(times are an estimate)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Dulles Speech & Debate Tournament _____ (name of activity/event)

CLHS Speech & Debate _____ (sponsoring group, club, or class)

R. Nassif/T. Gonzalez _____ (name of adult sponsor)

Dulles HS, FBISD _____ (location)

10/4/24 (1pm-10pm) & 10/5/24 (7am-7pm) _____ (departure and return dates/times)
(times are an estimate)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Stratford Speech & Debate Tournament (name of activity/event)

CLHS Speech & Debate (sponsoring group, club, or class)

R. Nassif/T. Gonzalez (name of adult sponsor)

Stratford HS, SBISD (location)

10/18/24 (1pm-10pm) & 10/19/24 (7am-7pm) (departure and return dates/times)
(times are an estimate)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Clear Brook Speech & Debate Tournament (name of activity/event)

CLHS Speech & Debate (sponsoring group, club, or class)

R. Nassif/T. Gonzalez (name of adult sponsor)

Clear Brook HS, CCISD (location)

11/8/24 (1pm-10pm) & 11/9/24 (7am-7pm) (departure and return dates/times)
(times are an estimate)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

FMG
(EXHIBIT)

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Mayde Creek Speech & Debate Tournament (name of activity/event)

CLHS Speech & Debate (sponsoring group, club, or class)

R. Nassif/T. Gonzalez (name of adult sponsor)

Mayde Creek HS, KISD (location)

1/10/25 (1pm-10pm) & 1/11/25 (7am-7pm) (departure and return dates/times)
(times are an estimate)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Clear Creek Speech & Debate Tournament (name of activity/event)

CLHS Speech & Debate (sponsoring group, club, or class)

R. Nassif/T. Gonzalez (name of adult sponsor)

Clear Creek HS, CCISD (location)

1/24/25 (1pm-10pm) & 1/25/25 (7am-7pm) (departure and return dates/times)
(times are an estimate)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Bellaire Speech & Debate Tournament (name of activity/event)

CLHS Speech & Debate (sponsoring group, club, or class)

R. Nassif/T. Gonzalez (name of adult sponsor)

Bellaire HS, HISD (location)

2/2/24 (1pm-10pm) & 2/3/24 (7am-7pm) (departure and return dates/times)
(times are an estimate)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

By digitally signing this page I, _____, acknowledge that all of the information in these forms is correct to the best of my knowledge and will alert Mr. Nassif immediately if any information in them changes.

Digital Signature (click to sign)

Today's Date